

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | | |
|-------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------|---|---|---|----|---|---|---|---|
| 1 Date of Request: <u>4/25/03</u> | | 2 Serial/Patent # <u>09/274,152</u> | | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | | |
| | Filing | | | \$ | | | | | | | | |
| | Amendment | | | \$ | | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | | |
| <input checked="" type="checkbox"/> | Petition | 23 | 12/02/02 | \$ 1280 | | | | | | | | |
| | Issue | | | \$ | | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | |
| | Maintenance | | | \$ | | | | | | | | |
| | Assignment | | | \$ | | | | | | | | |
| | Other | | | \$ | | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 1280 | | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | | |
| | Overpayment | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | | | | | | | | | |
| | Duplicate Payment | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">6</td> <td style="width: 20px;">6</td> <td style="width: 20px;">6</td> </tr> </table> | | | | 0 | 2 | -- | 2 | 6 | 6 | 6 |
| 0 | 2 | -- | 2 | 6 | 6 | 6 | | | | | | |
| <input checked="" type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | | |
| <u>Notice of Abandonment vacated</u> | | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: <u>C.T. Donnell</u> | | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>C. T. Donnell</u> | | | TITLE: <u>Pet. Atty</u> | | | | | | | | | |
| SIGNATURE: <u>Christine T. Donnell</u> | | | PHONE: <u>306-5589</u> | | | | | | | | | |
| OFFICE: <u>4700</u> | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | | |
| APPROVED: <u>Cary Kibok</u> | | | DATE: <u>5/5/03</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/274152

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|----------------------------------|-----------------|--------------|
| BASIC FEE | | |
| TOTAL CLAIMS | 19 minus 20 = * | |
| INDEPENDENT CLAIMS | 3 minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE | OR | RATE | FEE |
|--------|--------|----|--------|--------|
| | 380.00 | | | 760.00 |
| X\$ 9= | | | X\$18= | |
| X39= | | | X78= | |
| +130= | | | +260= | |
| TOTAL | | | TOTAL | 760 |

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| | Total | * 31 | Minus | ** 20 | = 11 |
| | Independent | * 5 | Minus | *** 3 | = 2 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | | X\$18= | 198.00 |
| X39= | | | X78= | 80.00 |
| +130= | | | +260= | - |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | 278.00 |

| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| | Total | * 87 | Minus | ** 31 | = 6 |
| | Independent | * 5 | Minus | *** 5 | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | | X\$18= | 108.00 |
| X39= | | | X78= | |
| +130= | | | +260= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| | Total | * | Minus | ** | = |
| | Independent | * | Minus | *** | = |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | |

| RATE | ADDITIONAL FEE | OR | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | | X\$18= | |
| X39= | | | X78= | |
| +130= | | | +260= | |
| TOTAL ADDIT. FEE | | | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.